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Spirituality and Distress Tolerance as Correlates of Mental Well-being in different Religious Women

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ABSTRACT:
The present study was designed to investigate the differences in the high and low groups of spirituality, distress tolerance and mental wellbeing of different religious women. It also investigated the percentage of variance counted by spirituality, distress tolerance, and religiosity in well-being. The objectives were to assess their spirituality and distress tolerance and wellbeing; and to correlate relationship between wellbeing and spirituality distress tolerance of the religiosity. For this purpose 100 women out of 350 women belonging to Hindus and Christians were taken form Chennai, Tamilnadu. On the basis of cut off scores, spirituality assessment inventory, distress tolerance scale and Warwick-Edinburgh mental well-being scale were administered to the respondents for having groups into high and low groups of spirituality, distress tolerance and mental wellbeing. The final sample of the study consisted of 25 women in each of the four groups together making a total of 100 women. Their age ranged from 30 to 45 years. Mean, standard deviation and standard error were calculated for the groups. F-ratios were obtained for spirituality, distress tolerance and mental wellbeing to know the significant difference in the groups. The different religious (Hindus and Christians) women did not find significantly in spirituality but significant differences were found in distress and mental wellbeing. The regression analysis showed that spirituality, distress tolerance and religiosity together contributed 95% variance in the well-being of women. It also revealed that distress did not contribute to well-being in a significant way but spirituality emerged as a very strong predictor of well-being, and distress tolerance emerged as a negative predictor of wellbeing of women.
Keywords: Spirituality, Distress tolerance, Mental well-being, Different Religious Women.

INTRODUCTION

Religion is an expression of spiritual belief through an organized system of rituals and practices. The relationship between spirituality and health may have consequences that are far-reaching and greatly underestimated by many people. Religious involvement is associated with not only direct health benefits but also better compliance with treatments and improved attendance at medical appointments. On the other hand, spirituality pertains to an awareness of the ultimate meaning and purpose of life and a belief in a higher power operating the universe. It may or may not be associated with a religious organization. Intrinsic religion refers to a more utilitarian use of religion as a means to an end [1]. Extrinsic religion is a self-serving and utilitarian outlook on religion that provides the beliefs with comfort and salvation. The extrinsically motivated person uses his religion [2], but the intrinsically motivated person tries his religion. Besides, religion-as-quest is another dimension which refers to treatment of religion as an open-ended search. Spirituality is broadly incorporating the soul, spirit, supernatural and church. It is a religious matter, as well as a personal matter, including wholeness of the self from a higher power source. It may come from within or externally, depending on the person. Spiritual belief systems provide important avenues to intervention and possible resources [3]. Spirituality is a process through which people seek to discover, hold on to and transform what they hold sacred in their lives. It helps them to feel more tolerance to manage every situation with strong belief. The pattern of mental health in recent years seems to be going from diagnosis of pathology to treatment of spiritual concerns. These concerns range from self-esteem to the relation of physical and mental health. Currently, spirituality concentrates on religion or higher beings and may only apply to religious people or those whose spirituality encompasses religion [4], and religion is not synonymous with spirituality. Rather spirituality involves humans' search for meaning in life while religion usually involves rituals and practices and a higher power or 'God' [5]. Many of them rely on religious beliefs to relieve stress, retain a sense of control, maintain hope and their sense of meaning and purpose in life, while others may lose faith in their religious beliefs, and seek for alternatives [6]. Spirituality concerns as a personal relationship with something divine and though religion is a social institution concerns non-spiritual concerns (e.g., cultural, political). It gives meaning and direction to a person's life and helps one deal with the vicissitudes of existence [7]. It influences usually in a positive way, coping with illness, disability, or life-threatening events [8-10]. Many studies have documented significant associations between spirituality and better mental, physical, and functional health of patients [11].

Distress tolerance refers to the capacity to experience and withstand negative psychological states. Distress may be the result of cognitive or physical processes and it manifests in an emotional state often characterized by action tendencies to alleviate the emotional experience.

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Distress tolerance concerns one's evaluations and expectations of experiencing negative emotional states in respect to tolerability and averseness, appraisal and acceptability, tendency to absorb attention and disrupt functioning, and regulation of emotions. Women with low distress tolerance report distress as being unbearable and they cannot handle being distressed or upset. Their appraisal of being distressed is expected to reflect a lack of acceptance of distress, being ashamed of being distressed, and perceiving one's coping abilities as inferior to others. Emotional regulation of women with low distress tolerance avoids negative emotions and utilizes rapid means of alleviating the negative emotions when they do experience. If they are unable to alleviate negative emotions, they have with low distress tolerance and report being relatively consumed by the experience, indicating that their attention is absorbed by the presence of distressing emotions and that their functioning is significantly disrupted by the experience of negative emotions [12]. Emotion may be regulated through selection of the situation, modification of the situation, deployment of attention, change of cognitions, and modulation of response. The first four of these are antecedent-focused regulation. The last one is response-focused regulation which incorporates modulation of behavioural, experiential, and physiological responses, each of which may be increased or decreased as a function of distress tolerance [13]. Positive effect of religiousness on mental health of physically vulnerable populations has uncovered a strong positive association between religiousness and mental health [14]. Well-being comprises people's evaluation of affective and cognitive component of their lives [15]. The outcome covers the usage of biological, socio-cultural psychological, economic and spiritual factors. In recent years there has been renewed interest in the links between spirituality, religion and health, reflected in an increasing volume of literature on the relationships between them. It is increasingly recognized and remembered that a patient needs to be treated as a whole person and not just as a condition or disease. A whole person has physical, emotional and spiritual dimensions which interact with each other and account for personal well-being and free from distress.

OBJECTIVES:

1. To assess the levels (high and low) in spirituality and tolerance of emotional distress and wellbeing of different religions groups
2. To find out the difference among these groups, and
3. Correlational relationship between wellbeing and spirituality distress tolerance of the religiosity.

METHODS:

DESIGN:

The present study was cross sectional and quantitative in nature and sought to explore the difference of these groups and correlational relationship between wellbeing and spirituality distress tolerance of the religiosity. There were 4 variables used in this study namely religiosity, spirituality, distress tolerance and mental wellbeing.

SAMPLE:

The proportionate stratified random sampling was adopted in this study and samples of 100 religious women of two religions of Hindu and Christian were selected randomly. Two groups namely high and low religious groups were selected from these religions. The final sample of the study consisted of 25 women in each of the four groups together making a total of 100 women. Spirituality assessment inventory, Distress tolerance scale, and Warwick-Edinburgh mental well-being Scale, were administered to the respondents for having groups into high and low groups of spirituality, distress tolerance and high and low mental well-being groups. Their age ranged from 30 to 45 years and their education covered from no formal education to less than 10th standard. Most of their husbands were social drinkers.

MEASURES:

A. Spirituality Assessment Inventory: The spirituality assessment inventory comprised 54 items which stated some virtuous and common spiritual behavior or attitude. The answers what really reflected their experience were on spectrum of not at all true -1 to very true - 5. It covered the areas of awareness, realistic acceptance, and impression management, disappointment and instability aspects of spirituality. The test- retest reliability was 0.83 [16].

B. Distress Tolerance Scale: Sixteen items were generated based on theoretical relevance and review of related scales. Based on the conceptual analysis in the introduction, four types of items were developed reflecting perceived ability to tolerate emotional distress, subjective appraisal of distress, attention being absorbed by negative emotions, and regulation efforts to alleviate distress. The items were rated on a 5-point scale: strongly disagree (5), mildly disagree (4), agree and disagree equally (3), mildly agree (2) & strongly agree (1). High score represented high distress tolerance [17].

C. Warwick-Edinburgh Mental Well-being Scale (WEMWBS): The WEMWBS comprised 14 items that relate to an individual's state of mental well-being (thoughts and feelings) in the previous two weeks. Responses were made on a 5-point scale ranging from

'none of the time' to 'all of the time'. Each item was worded positively and together they cover most, but not all, attributes of mental well-being including both hedonic and eudemonic perspectives. Areas not covered included spirituality or purpose in life. WEMWBS aimed to measure mental well-being itself and not the determinants of mental well-being. This included resilience, skills in relationship, conflict management and problem solving, and socioeconomic factors such as poverty, domestic violence, bullying, unemployment, stigma, racism and other forms of social exclusion [18].

RESULTS:

Table 1: Mean, S.D & S.E values of the scales of Hindus and Christians

Scales	Groups	Mean	SD	SE
spiritualty	High score Hindu	199.96	7.06	1.413
	High score Christian	209.88	8.39	1.678
	Low score Hindu	70.84	10.05	2.010
	Low score Christian	80.24	9.67	1.935
Distress tolerance	High score Hindu	66.92	3.87	0.774
	High score Christian	67.84	2.42	0.485
	Low score Hindu	22.00	3.36	0.673
	Low score Christian	22.36	3.67	0.734
Wellbeing	High score Hindu	60.84	2.65	0.531
	High score Christian	63.24	1.96	0.392
	Low score Hindu	23.36	2.39	0.479
	Low score Christian	25.72	1.96	0.393

The above table showed the mean value of high and low Spirituality, distress tolerance and wellbeing of Hindus and Christians.

Table 2- Comparison of scores among and within religions (ANOVA)

Scores	Groups	Sum of Squares	df	Mean Square	F	Sig.
Spirituality	Between groups	2332.89	1	2332.89	0.537	0.466 >0.05
	Within groups	426044.82	98	4347.396		
	Total	428377.71	99			
Distress tolerance	Between Religion	10.24	1	10.24	0.019	0.89 > 0.05
	Within Religion	52174.92	98	532.397		
	Total	52185.16	99			
Mental Wellbeing	Between groups	141.61	1	141.61	0.389	0.534 > 0.05
	Within groups	35648.98	98	363.765		
	Total	35790.59	99			

The above table (Table 2) showed that there were no significant difference found in these two religions of Hindu and Christian on spirituality, distress tolerance and mental wellbeing.

Table 3: Comparison of scores distress tolerance, mental Wellbeing with high and low religious groups

	Groups	Sum of Squares	df	Mean Square	F	Sig.
Distress tolerance	Between groups	51076	1	51076	4512.82	0 .000 <0.05
	Within groups	1109.16	98	11.3179		
	Total	52185.16	99			
Mental Wellbeing	Between groups	35156.25	1	35156.25	5431.33	0 .000 <0.05
	Within groups	634.34	98	6.4728		
	Total	35790.59	99			

When the scores of high and low religious women (irrespective of religion) were compared with distress and wellbeing scores, both religious women were statistically significant at 1% level (table 3).

Table 4: Comparison of scores mental wellbeing and spirituality with high and low religious groups

		Sum of Squares	**df**	**Mean Square**	**F**	**Sig.**
Well being	Between groups	35156.25	1	35156.25	5431.33	0 .00 < 0.05
	Within groups	634.34	98	6.47		
	Total	35790.59	99			
Spiri-tuality	Between groups	418479.61	1	418479.61	4143.32	0 .00 < 0.05
	Within groups	9898.1	98	101.001		
	Total	428377.71	99			

When comparing, spiritual scores with high and low Distress scores, there was significant evidence to prove that there exists difference statistically (table 4).

Table 5: Comparison of Spiritual and Distress scores with High and low wellbeing groups.

		Sum of Squares	**df**	**Mean Square**	**F**	**Sig.**
Spiritual scoring	Between groups	418479.61	1	418479.61	4143.32	0 .000 <0.05
	Within groups	9898.1	98	101.001		
	Total	428377.71	99			
Distress scoring	Between groups	51076	1	51076	4512.82	0 .000 <0.05
	Within groups	1109.16	98	11.317		
	Total	52185.16	99			

The table 5 showed people having high and low wellbeing were compared with their spiritual scores and distress scores and found statistical significant difference between high and low wellbeing at 1% level.

Table 5a: Mean, SD and SE of high and low groups of spirituality and distress tolerance

Scores	Groups	N	Mean	SD	SE
Spirituality	High	50	204.92	9.17	1.30
	Low	50	75.54	10.86	1.54
	Total	100	140.23	65.78	6.58
Distress tolerance	High	50	67.38	3.23	0.46
	Low	50	22.18	3.49	0.49
	Total	100	44.78	22.96	2.30

Among the high spirituals, mean scoring was 204.92, SD was 9.17, maximum was 218 and minimum was 190 whereas in the low spirituals mean score is 75.54. It showed the variation. Similarly for high distress, mean scoring was 67.38 and 22.18 for low distress. It also showed variation.

Table 6: Test of homogeneity of variances

	Levene Statistic	df1	df2	Sig.
Spirituality	2.7271	1	98	0.1019
Distress	0.0943	1	98	0.7593

Table 6 showed there was no violation of homogeneity of variance.

Table 7: Logistic regression for the scores of religiosity, spirituality, distress tolerance and mental wellbeing

Model	R	R^2	Adjusted R^2	SE of the Estimate	F (ANOVA)	Level of significance
1	0.9766	0.9538	0.9523	4.152	659.99	<0.01

On doing the logistic regression (regression analysis), the coefficient of determination was 0.9766, therefore about 95% of the variation in the wellbeing data was explained by this model. The regression equation was very useful for making prediction since the value of r2 was close to 1.

Table 7 also shows that the multiple correlations among predictor were 0.97 which was very high and it was significant beyond 1% level. It means that spiritual score, distress score and religiosity together contributed almost 95% variance in the wellbeing of people.

Table 7a: Beta value of spirituality, distress tolerance and religions

Model	Standardized Coefficients (Beta)	T	Level of significance
(Constant)		4.988	2.7106
Spirituality	0.759	3.517	0.00067
Distress tolerance	0.220	1.024	0.3085
Religion	-0.0586	-2.299	0.0236

Table 7a shows that the beta value for spirituality 0.75 and t value 3.517 which was significant at 1% level. But as far as distress score concerned, the beta value was 0.22 and t was 1.02, which was not significant. It means that distress tolerance score alone did not contribute to wellbeing in a significant way. It also revealed that beta value for religiosity was -0.058 and its t value -2.299 which was significant at 5% level. The religiosity contributed in a negative way to wellbeing. It's a negative predictor of wellbeing.

DISCUSSION AND IMPLICATIONS

Spirituality is an essential component of a holistic approach to life and it finds expression in our conscious and intelligent action. It sustains and allows us to dream, aspire and raise ourselves up. The table 1 showed Mean, S.D & S.E values of the spirituality, distress tolerance and mental wellbeing of the two religious groups. The table 2 shows that different religions women of Hindus and Christians having high and low spirituality, dress tolerance and well-being did not differ in spirituality, distress tolerance and mental wellbeing. Since spirituality, being positive aspect of life related to heartedness, respect and wellness for the human beings and to the maker of God. Spirituality is directed towards the wellness of entire humanity, well-being on the other hand is directed towards wellness of an individual. Self-acceptance; community feeling and affiliation were positively associated with self-actualization and vitality, whereas it was negatively associated with behavioural problem [19]. Well-being is in a way egocentric where individual is concerned with personal growth and so the goal in case of wellbeing is personalized. On the other hand spirituality being exocentric is related with the welfare of others and so the goal in case of spirituality is to benefit others. Tolerance of emotional distress might vary depending upon the individual's personality and coping style associated with spirituality [20].

In the table 3, different religious woman groups having high and low do differ in dress tolerance and well-being but did not find significantly in spirituality as spirituality and religiosity are two different constructs with a thin

line separating them. Spirituality does not have any religious tinge. Such a connotation is confirmed by the findings of the researchers [21]. It does not arise out of specific religious practices or affiliation with a specific religion but rather represents a singular quality of individuals. Religion is determined by specific historical, social and cultural imperatives. Spirituality represents more universal aspect of the individual. It emerges through motivational behavioural aspects, and doing work for the upliftment of individuals and community on a humanitarian ground. However, in the present study these two constructs have emerged as they associate with each other. In the table 4, different religious woman groups having high and low do differ in wellbeing and spirituality which show the association of these two aspects.

Table 5 shows that the high and the low wellbeing groups do also differ in distress tolerance and spirituality. The table 5a clarifies that women having high wellbeing had greater mean in distress tolerance score than the women having low well-being. It means that women with high well-being are significantly distress tolerance than women with low well-being. It seems that a distress tolerance's state of mind is definitely the product of wellbeing in life and vice-versa. Dress tolerance is one of the most important sources of relationships in life satisfaction and mental well-being across the life span. Women who are securely attached to their spirituality experienced high relationship, satisfaction and stability, whereas women, who are less securely attached, experienced lower levels of dress tolerance. Since religiosity and distress tolerance are entirely different constructs the two are not related with each other, as non-religious people are also found to be distress tolerance. Religiosity is important for the purpose of explanation of security, comfort, status, gratification etc. It has also been found that consensual religiosity which is a source of mental ill health. It may be noted that religiousness (extrinsic aspect) is not true religiosity as it is concerned with only performing religious practices without commitment to true religious values and percept [22,23].

The coefficient of determination is 0.9766, therefore about 95% of the variation in the wellbeing data are explained by this model. The results of regression analysis shown in table 6 indicated that spirituality and religiosity have together contributed significantly to the wellbeing of women. However table 6 shows that major variance of well-being is counted by distress tolerance. Distress tolerance emerged as a negative predictor of wellbeing of women, whereas spirituality does emerge as an important predictor of well-being of these women.

Spirituality generally distress tolerance along with growing age and experience, has emerged as the most important predictor of wellbeing of women, as anyone at any stage and at any time can easily relate oneself to distress tolerance.

Religiosity is a source of mental ill health, whereas intrinsic religiosity is true religiosity imbibing values of tolerance, brotherhood and relatedness and faith in religious values. The study [24] examined the predictors and outcomes of positive and negative religious coping. The results suggests that positive religious coping is related to higher levels of psychological wellbeing and negative religious coping is related to higher levels of depression regardless of ethnicity.

CONCLUSION

Spirituality, distress tolerance and wellbeing had been found important factors in the life of different religious women. Spirituality seemed to work as important buffers for the recovery from physical and mental disorders. They also worked to facilitate the counselling process and results. The findings of the present study revealed non-significant differences between distress tolerance of women with high and low wellbeing, and high and low religiosity, but significant difference existed between the of high and low well women indicating greater in high well women. Spirituality, distress tolerance and religiosity were found to be contributing together significantly to the wellbeing of women. However, spirituality individually did contribute significantly to wellbeing, but distress tolerance individually did not contribute significantly to the wellbeing in positive way. The findings of the study provided base for understanding the dynamics of distress tolerance of women. It is hoped, the knowledge obtained might help the general people, researchers, academics and practitioners while interacting and discussing important issues related to women and using therapeutic technique for improvement for their physical and mental health.

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REFERENCES

[1] Allport, J.W., (1950). The Individual and his religion. New York: MacMillan.

[2] Allport, G.W., and Ross, J.M., (1967). Personal religious orientation and prejudice. Journal of Personality and Social Psychology, 5, 432-443.

[3] Prest, L. A., & Keller, J. F. (1993). Spirituality and family therapy: Spiritual beliefs, myths, and metaphors. Journal of Marital and Family Therapy, 19, 137–148.

[4] Tuck, I., McCain, N.L., & Elswick, R.R. (2001). Spirituality and psychosocial factors in persons living with HIV Journal of Advanced Nursing, 33, 6, 776–783.

[5] Tanyi, R. A. (2002) Towards clarification of the meaning of spirituality. Advanced Nursing, 39 (5), 500-509.

[6] Koenig, H.G. Larson, D.B. & Larson, S.S. (2001) Religion and Coping with Serious Medical Illness. Ann Pharmacother, 35:352-359.

[7] Swinton, J., and Pattison, S., (2001). Come all yet faithful. Health Service Journal, 111, 5-24.

[8] Kirby, S.E, Coleman, P.G., & Daley D. (2004) Spirituality and Well-Being in Frail and Nonfrail Older Adults. J Gerontol B Psychol Sci Soc Sci, 3:123-129.

[9] Crowther, M.R, Parker, M.W, Achenbaum, W.A, Larimore, W.L, & Koenig, H.G: (2002), Rowe and Kahn's model of successful aging revisited: positive spirituality- the forgotten factor. Gerontologist 42:613-620.

[10] Krause, N. (2003) Religious meaning and subjective well-being in late life. J Gerontol B Psychol Sci Soc Sci, 3:160-170.

[11] Koenig, H.G, McCullough, M.E, & Larson, D.B. (2001) Handbook of religion and health. New York: Oxford University Press.

[12] Simons, J. S., Gaher, R. M., Correia, C. J., Hansen, C. L., & Christopher, M. S. (2012) An affective motivational model of marijuana and alcohol problems among college students. Psychology of Addictive Behaviors, (in press).

[13] Gross, J. J. (1998). The emerging field of emotion regulation: An integrative review. Review of General Psychology, 2, 271–299.

[14] Chang, (2007). Alcohol use and religiousness / spirituality among adolescents. Southern Medical Journal, 100, 349-355.

[15] Diener, E. and Suh, E.M. (Eds.), (2000). Subjective Well-Being Across Cultures. Cambridge, MA: MIT Press.

[16] Hall, T.W. & Edward, K.G. (2002) The spiritual assessment inventory: Atheistic model and measurement for assessing spiritual development, Journal of scientific study of religion, 41(2), 341-357.

[17] Simons, J.S. &. Gaher, R.M. (2005) The Distress Tolerance Scale: Development and Validation of a Self-Report Measure Motivation and Emotion, Vol. 29, No. 21

[18] Stewart-Brown and Jan mohamed, (2008) Warwick-Edinburgh Mental Well-being Scale (WEMWBS) Warwick-Edinburgh University,

[19] Kasser, T., & Ryan, R.M., (1993). A dark side of the American dream: Correlates of financial success as a central life aspiration. Journal of Personality and Social Psychology, 65. 410–422.

[20] Ryan, R.M., & Deci, E.L. (2001). On happiness and human potential: a review of research on hedonic and eudaimonic well-being. Annual Review of Psychology, 52, 141-166.

[21] Spika, Bernard, Ralph W., Hood, J., & Richard J.G., (1985). The Psychology of Religion. Englewood Cliffs, NJ: Prentice Hall.

[22] Hasnain, N., & Abidi, K., (2007). Does religiousness promote prejudice and ethnocentrism. National Academy of Psychology India, 52, 123-125.

[23] Hasnain, N., Ansari, S. A., & Samantray, S. (2011) Spirituality and distress tolerance as Correlates of mental Well-being in Religious Women, European Journal of Social Sciences 20, 3 431-442.

[24] Ahrens, C.E., Abeling, S., Ahmad, S., & Hinman, J., (2009). Spirituality and wellbeing: The relationship between religious coping and recovery from sexual assault. Journal of Interpersonal Violence, 25, 1242.